

PLAN OF CARE/INDIVIDUALIZED HEALTHCARE PLAN

Student Name: **DOB:** **Grade/School:** **Date of IHP:**

Medical Diagnosis: **IHP created by:** **Initials:**

Student Problem *(Nursing Diagnosis):*

Student-Centered Goal *(Long-term, SMART format):*

OUTCOMES <i>(SMART format)</i>	INTERVENTIONS		EVALUATION <i>(Date, Progress & initials)</i>
	Intervention	Person Responsible	

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